

# CLAIMS

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		/		/		
4		/		/		
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6	/		/			
7		/		/		
8		/		/		
9		/		/		
10		2		/		
11		2		/		
12		2		/		
13		①		/		
14		2		/		
15		2		/		
16		2		/		
17		②		/		
18		/		/		
19		/		/		
20		2		/		
21		2		/		
22		①		/		
23		①		/		
24		①		/		
25	/		/			
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS